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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 302207 (6)

1. Corporation Name
R.G. ROBERTS INC

Principal Place of Business Mailing Address
**5340 A S & S PLAZA-GULF DRIVE
P.O. BOX 1586
HOLMES BEACH FL 34218-1586**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1986** 3a. Date of Last Report **04/11/1994**
4. FEI Number **59-1117680** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, ERNESTINE P.
205 N HARBOR DR
HOLMES BEACH FL 34217**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of corporation

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLAYTON, LINDA R.
STREET ADDRESS	4912 29 ST W.
CITY-ST-ZIP	BRADENTON FL
TITLE	PD
NAME	ROBERTS, ERNESTINE P
STREET ADDRESS	205 N HARBOR DR
CITY-ST-ZIP	HOLMES BEACH FL
TITLE	D
NAME	BOUZIANE, SIGNA R.
STREET ADDRESS	2212 79TH ST W
CITY-ST-ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	M.D. LINDA CLAYTON
1.3 STREET ADDRESS	5007 BEMINI DRIVE
1.4 CITY-ST-ZIP	BRADENTON FL 34210
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D BOUZIANE, SIGNA R.
3.3 STREET ADDRESS	1710 79TH C.T. WEST
3.4 CITY-ST-ZIP	BRADENTON FL 34209
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ernestine P. Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNESTINE P. ROBERTS

4-18-95 813 7784505
Date System ID#